



Participant's Name : _____ (one child per form)

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Northampton Parks & Recreation Department – Summer Camp Enrollment Form

Please check one:

_____ Resident

_____ Non-Resident

SAFETY VILLAGE (Non-residents add \$10 per session)

A 6/25 - 7/06 _____ \$150 (no camp 7/4)

B 7/09 - 7/20 _____ \$165

C 7/23 - 8/03 _____ \$165

Child needs to be toilet trained

TEEN EXPEDITIONS (Non-residents add \$10 per session)

1 6/25 - 6/29 _____ \$205

2 7/02 - 7/06 _____ \$185 (no camp 7/4)

3 7/09 - 7/13 _____ \$205

4 7/16 - 7/20 _____ \$205

5 7/23 - 7/27 _____ \$205

6 7/30 - 8/03 _____ \$205

7 8/06 - 8/10 _____ \$205

**NO CAMP ON:
JULY 4th**

Extended Day: 45 minutes of extended supervision prior to and/or after regular program hours is available for Camp Kidzone and Camp Hamp for an additional fee.

CAMP KIDZONE – (Non-residents add \$10 per session)

1 6/25 - 6/29 _____ \$170 Extended Day _____ \$25

2 7/02 - 7/06 _____ \$150 Extended Day _____ \$20 (no camp 7/4)

3 7/09 - 7/13 _____ \$170 Extended Day _____ \$25

4 7/16 - 7/20 _____ \$170 Extended Day _____ \$25

5 7/23 - 7/27 _____ \$170 Extended Day _____ \$25

6 7/30 - 8/03 _____ \$170 Extended Day _____ \$25

7 8/06 - 8/10 _____ \$170 Extended Day _____ \$25

CAMP HAMP (Non-residents add \$10 per session)

1 6/25 - 6/29 _____ \$190 Extended Day _____ \$25

2 7/02 - 7/06 _____ \$170 Extended Day _____ \$20 (no camp 7/4)

3 7/09 - 7/13 _____ \$190 Extended Day _____ \$25

4 7/16 - 7/20 _____ \$190 Extended Day _____ \$25

5 7/23 - 7/27 _____ \$190 Extended Day _____ \$25

6 7/30 - 8/03 _____ \$190 Extended Day _____ \$25

7 8/06 - 8/10 _____ \$190 Extended Day _____ \$25

**CURRENT IMMUNIZATIONS AND PHYSICAL RECORDS must accompany this form
as required by the *STATE OF MASSACHUSETTS*.**

LOOK PARK PASSES are only needed for Camp KidZone and Camp Hamp.

Summer Program Pass: A discounted \$20 Look Park/Northampton Parks & Recreation *Camp KidZone & Camp Hamp ONLY* Pass will be available at Parks & Rec Office only. These passes will be good for entrance into Look Park from 7:45am – 5:15pm, Monday – Friday while you are registered for the program. The pass must be in vehicle and shown to ranger upon entering the park. Regular Look Park season passes are available for \$49 for residents and \$56 for non-residents with discounts for a second pass. For details visit lookpark.org

Program Total: _____

***Non-Resident Fee Total** _____

Grand Total: _____

***Non-Residents add \$10 to the fee**

- per session registered.
(Max of \$50 per household).

***Use for Safety Village, Camp KidZone, Camp Hamp & Teen Expeditions only ***

Northampton Parks & Recreation - Summer Day Camp Registration Form

PARTICIPANTS INFORMATION – ONLY ONE PARTICIPANT PER FORM

Name: _____ Age: _____ Date of Birth: _____

Sex (circle) M F Grade entering **Fall 2018:** _____ School currently attending : _____

Special Health Conditions: _____

PARENT/GUARDIAN 1 INFORMATION

Name: _____ Home Phone: _____

Street Address: _____ Cell Phone: _____

City: _____ State _____ Zip: _____ Work phone: _____

Email Address: _____

PARENT/GUARDIAN 2 INFORMATION

Name: _____ Home Phone: _____

Street Address: _____ Cell Phone: _____

City: _____ State _____ Zip: _____ Work phone: _____

Email Address: _____

EMERGENCY CONTACT (Other than parent, we always try to contact the parent first)

Name: _____ Phone Number(s): _____

Name: _____ Phone Number(s): _____

TRANSPORTATION

In addition to the parents/guardians my child will be dropped off and picked up by the following AUTHORIZED individuals. *This forms acts as permission for your child to arrive/depart from the program by these individuals:*

Name: _____ Relationship: _____

Name: _____ Relationship: _____

BIKE OR WALK

If you wish for your child to arrive or depart by walking or riding a bike, please indicate below. Please provide an explanation and identify the alternate form of transportation and the route the child will take:

PHOTOGRAPHS

May Northampton Parks & Recreation use photos of you or your family members for brochure, website, and promotional use? _____ yes _____ no

SWIM ABILITY: Can your child swim? _____ yes _____ no

[Children will be tested by Staff, per state regulations, and will be assigned a colored wristband to indicate swim ability]



PARENTAL CONSENT FORM

CITY OF NORTHAMPTON PARKS AND RECREATION RECREATIONAL AND VOLUNTEERS ACTIVITIES RELEASE FORM

I, _____ do hereby consent to my participation, and/or
my child's _____ participation in voluntary or recreation programs of the City of
Northampton.

Print Name

Print Name

I also agree to forever release the City of Northampton, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the City of Northampton ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the City of Northampton voluntary activities or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the City of Northampton voluntary activities or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the City of Northampton as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities City of Northampton or recreation programs.

Participant Signature (or Guardian signature if participant is under 18)

Date:

Print Name

EMERGENCY MEDICAL RELEASE FORM

In the event that I/we cannot be reached in case of an emergency, I/we authorize any and all medical and/or surgical treatments, which are deemed advisable by emergency physicians and or surgeons for my child _____ (print child's name). I/we also recognize that the patient when admitted is to remain in hospital care until his or her physician recommends the patient's discharge.

In the event of an injury requiring medical attention, ambulance transportation will be used at the expense of the injured participant's family unless parents can be reached and alternate transportation arranged. Northampton Parks & Recreation staff and/or rented buses will NOT transport an injured child.

I/we have read and understand the above.

Print Name _____ Signature: _____ Date _____

Emergency Phone Number _____ Name _____

Insurance Company _____ # _____

The Parks & Recreation Department policies for health care, discipline and others are available for review. If you would like a copy please call us and we would be happy to send you your request.



Participant's Full Name _____

CONFIRMATION

When entered into our computer system, you should receive an email confirmation of registration. You will also receive a parent information packet with the receipt. If you do not receive one, please call us at 587-1040. They will be available on our webpage also at www.northamptonma.gov/recreation.

PAYMENT/ CHANGE IN REGISTRATION /REFUND POLICY

- A **\$25 non-refundable deposit** is included in the camp registration fee for each session registered for. All balances are due June 8, 2018.
- **Changes** to the initial registration must be made in writing **at least one week in advance of the requested change**.
- **Refund** requests must be made in writing to the Parks & Recreation Department and must be submitted **at least one week prior to the start of the session** of the program(s) you are registered for.
 - There is a \$10 service charge for all refunds.
 - Each session has a \$25 non-refundable deposit included in registration fee.
 - There are no refunds once a session begins.
 - Please allow 4-6 weeks for your refund check to be processed.

I have read and understand all the fees and policies associated with this program.

PARENT/GUARDIAN SIGNATURE: _____

Total Amount Due: \$_____ (see page 1 for sessions & fees) Total Amount Enclosed: \$_____

Payable by Check to: Northampton Parks & Recreation

Charge my: _____ VISA _____ Mastercard _____ Discover _____ American Express

Card # : _____ Expiration Date _____

Name on Card: _____ Signature: _____

**PARENT - REGISTRATION PACKET CHECKLIST**

These forms must be submitted before registration is considered complete

- ☐ REGISTRATION PACKET (ALL FOUR PAGES)
- ☐ PAYMENT
- ☐ PARENT CONSENT FORM (PAGE 3) SIGNED
- ☐ CURRENT IMMUNIZATION AND PHYSICAL RECORDS (Required by State of MA)

FOR OFFICE USE ONLY**Document Checklist**

Registration form with Fee _____
Immunization & Physical Records _____
Consent Waiver _____

- ☐ Parent Information Packet Given
- ☐ Calendar Given

Date: _____ Staff initials: _____

NOTE:

Amt Recd \$_____ Date_____ RT date_____ staff_____

Amt Recd \$_____ Date_____ RT date_____ staff_____

Amt Recd \$_____ Date_____ RT date_____ staff_____

Amt Recd \$_____ Date_____ RT date_____ staff_____

Amt Recd \$_____ Date_____ RT date_____ staff_____

Amt Recd \$_____ Date_____ RT date_____ staff_____